CLAIMS ONLY

Application Number	Filing Date
10/694341	

Applicant(s)

06-10-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8			/				58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13			/				63						
14			/				64						
15			=	=			65						
16				/			66						
17				/			67						
18				/			68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
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27							77						
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32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39				/			89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			4				Total Indep						
Total Depend			13				Total Depend						
Total Claims			17				Total Claims						